

54548

Work Order ID 53990



Page 1

November 25, 2009 11:04:47 AM

Item ID: D412-664-203

Accept



Setup Start



Revision ID:

Stop



Item Name: Crosstube Aft

Start Date: 25/11/2009 Start Qty: 1.00



Cust Item ID:

Required Date: 10/12/2009 Req'd Qty: 1.00



Customer:

Reference:

Approvals:

Process Plan: *PP*

Date: *09/11/25*

Tooling:

Date:

Run Start



QC:

Date:

SPC (Y/N):

Date:

Stop



Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Draw
Number

Draw
Rev.

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

Draw Nbr

Revision Nbr

D412-664-243

E

100

0.00



DC

Document Control

Memo

Photocopy bluefile and create labels as per PPP D412-664-203 CHG 006

0.00

8 09/12/10

kg for BG 09/12/10

110

Pick Kit

0.00



Packaging

Packaging

Memo

0.00

(IX)

Q

MB 09-12-01

120

0.00



CNC Bend 2

CNC Alpha 160 Bender

Memo

Bend tube as per Dwg D412-664-243 using CNC bender program 412-af and Folio FT010

0.00

(IX)

Q

MB 09-12-01

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Work Order ID 53990

November 25, 2009 11:04:47 AM



Page 2

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Customer:

Reference:

Run Start



Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Stop



QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Sequence.ID/
Work Center IDOperation
DescriptionSet Up/
Run HoursDraw
NumberDraw
Rev.Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

130

QC15- Crosstube Dimensional Check

0.00

z> 802/12/01



QC

Memo

0.00

Quality Control



p

140

0.00



Crosstubes

Memo

0.00

Crosstubes

1-Drill pilot holes in tube as per Dwg D412-664-243 using drill Jig DT8550 & DT8551

2-Ream hole to finish size in tube as per Dwg D412-664-243 using drill Jig DT8550 & DT8551. Check dimensions between holes, both sides on both cuffs, to ensure alignment with saddle holes.

3-SCRIBE PART # & BATCH #

4-Deburr & Inspect for surface damage. Repair damage within limits as per Dwg D412-664-243



a

MB 09-12-02

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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Page 3

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Customer:

Reference:

Run Start



Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Stop



QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Draw Number	Draw Rev.	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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150

Crosstubes Chemical Conversion

0.00



HandFXtube

Memo

0.00

Hand Finishing Crosstubes



2

MB 09-12-02

160

QC3- Inspect Part Finish

0.00



QC

Memo

0.00

Quality Control

2) 5 01/12/03



170

QC5- Inspect part completeness to step on W/O

0.00



QC

Memo

0.00

Quality Control

2) 5 01/12/03



W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

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Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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November 25, 2009 11:04:47 AM



Page 4

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Cust Item ID:

Required Date: 10/12/2009 Req'd Qty: 1.00



Customer:

Reference:

Run Start



Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Stop



QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Draw Number	Draw Rev.	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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180

Outsource process - NDT per QSI038 4.1

0.00



Outsource2

Memo

0.00

Outsource process - NDT

Liquid Penetrant Inspection as per QSI 038Or
Issue P/O: 10844 LPI as per ASTM 1417
Level 2 Attach copy of NDT results to work orderCZ 09/12/04 ①

190

Receive & Inspect for Damage & Mat'l Certs

0.00



Packaging

Memo

0.00

Packaging

Ensure copy of NDT results attached to work order.

10/12/04 ①

200

QC5- Inspect part completeness to step on W/O

0.00



QC

Memo

0.00

Quality Control

ml 09 12 07 ①

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

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November 25, 2009 11:04:47 AM



Page 5

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Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Stop



QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Draw Number	Draw Rev.	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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210

Spray Painting per QSI005 4.2

0.00



SprayPaint

Memo

0.00

Spray Painting

1-Prime inside and outside crosstube as per QSI 005 4.2

2-Paint outside crosstube with White Imron as per QSI 005 4.2

PRIME:

Start Time: 9:00

Fininsh Time: 10:30

PAINT:

Start Time: 3:30

Finish Time: 4:30

ml	09	12	07	①
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220

QC14- Inspect Spray Paint

0.00



QC

Memo

0.00

Quality Control

ET	09-12-08
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W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

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November 25, 2009 11:04:47 AM



Page 6

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Cust Item ID:

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Customer:

Reference:

Run Start



Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Stop



QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Draw Number	Draw Rev.	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	----------------	--------------	--------------	---------------	---------------	------------------	----------------

230

Pick Kit

0.00



Packaging

Memo

0.00

Packaging

9/12/9

sp

240

0.00



Crosstubes

Memo

0.00

Crosstubes

Assemble as per Dwg D412-664-203

1- Lightly scuff the bonded area using a 320 grit sand paper and clean the area with 41058 wash 'n' wipe

2-Install supports with magnobond as per QSI 015 Adhere for for 12 Hrs

A/R 6398 Magnobond Batch: 112417

Expiry Date: 01/0011

3-Install clamps as per Dwg D212-664-203 using installation jig DT9024 with 0.010 thick brass shims on both chafing sheild (D3189-1). Torque clamps to 80-100 in lb.

ml 09 12 09

ml 09 12 08

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

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November 25, 2009 11:04:47 AM



Page 7

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Cust Item ID:

Required Date: 10/12/2009 Req'd Qty: 1.00



Customer:

Reference:

Run Start



Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Stop



QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Draw Number	Draw Rev.	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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250

QC5- Inspect part completeness to step on W/O

0.00



⇒ S 02/12/09

QC

Memo

0.00



Quality Control

260

Pick Kit

0.00



Packaging

Memo

0.00

9/12/9 5

Packaging

270

QC4- 100% Inspect kits for completeness

0.00



⇒ S 02/12/10

QC

Memo

0.00

H

Quality Control

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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November 25, 2009 11:04:47 AM



Page 8

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Start Date: 25/11/2009 Start Qty: 1.00



Cust Item ID:

Required Date: 10/12/2009 Req'd Qty: 1.00



Customer:

Reference:

Run Start



Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Stop



QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Draw Number	Draw Rev.	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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280

0.00



Packaging

Memo

0.00

Packaging

Identify and pack for shipping as per PPP D412-664-203

*****Ensure tube is not packaged if curing time is less than 12 hrs, see step 27
for application time & date *****

Time & date of packaging: 10:00am @ 9/12/10

Location: _____
PPP Rev: _____

290

QC21- Final Inspection - Work Order Release

0.00



QC

Memo

0.00

Quality Control

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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NOTE: Date & initial all entries

Picklist Print

November 25, 2009 11:04:52 AM

Page 1

Work Order ID: 53990

Parent Item: D412-664-203RevD

Parent Item Name: Crosstube Aft

Comments: IPP RevJ: as per ECN09-696 09.11.20 DD verified by:EC

Start Date: 25/11/2009

Required Date: 10/12/2009

Start Qty: 1.00

Required Qty: 1.00

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Remaining Qty To Pick	Qty Issued	Date Issued	Status
D412-664- 203TRNRevD		Manufactured	No			110	Each	2.0000	1.0000			



Crosstube Turning Detail



B-54 MB 09-11-30

<u>Warehouse</u>	<u>Loc Qty</u>	<u>Loc Code</u>
<u>Location</u>		
Main Warehouse		
LG	2	
51480	1	
51481	1	

D3595-063-570RevA

Manufactured No



RUBBER CUSHION

230 Each 77.0000 4.0000



<u>Warehouse</u>	<u>Loc Qty</u>	<u>Loc Code</u>
<u>Location</u>		
OFFSHORE		
FG	4	
37971	4	
Main Warehouse		
ST	73	
42243	13	
45509	60	

ml 09 12 08

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Picklist Print

November 25, 2009 11:04:52 AM

Work Order ID: 53990



Parent Item: D412-664-203RevD



Parent Item Name: Crosstube Aft

Start Date: 25/11/2009

Required Date: 10/12/2009

Comments: IPP RevJ: as per ECN09-696 09.11.20 DD verified by:EC

Start Qty: 1.00

Required Qty: 1.00

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Remaining Qty To Pick	Qty Issued	Date Issued	Status
D2856-600RevA		Manufactured	No			230	f	456.6243	1.7684			

Abrasion Strip

<u>Warehouse</u>	<u>Loc Qty</u>	<u>Loc Code</u>
<u>Location</u>		
Main Warehouse		
ST	456.6242	
24328	6.73	
25656	87.77	
26650	8.23	
<u>36398</u>	<u>138.8342</u>	
37668	215.06	

ml 09 12 08

(2X) D2856-600 (Cut to 10.090")

D2896-1RevU/R Manufactured No



Support

D3189-1RevB Manufactured No



Chafing Shield

<u>Warehouse</u>	<u>Loc Qty</u>	<u>Loc Code</u>
<u>Location</u>		
OFFSHORE		
FG	4	
36065	4	
Main Warehouse		
ST	29	
<u>47777</u>	<u>9</u>	
52446	20	

43209 ml 09 12 08

ml 09 12 08

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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Page 3

November 25, 2009 11:04:52 AM

Work Order ID: 53990



Parent Item: D412-664-203RevD



Parent Item Name: Crosstube Aft

Start Date: 25/11/2009

Required Date: 10/12/2009

Comments: IPP RevJ: as per ECN09-696 09.11.20 DD verified by:EC

Start Qty: 1.00

Required Qty: 1.00

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Remaining Qty To Pick	Qty Issued	Date Issued	Status
MS21920-28		Purchased	No			230	Each	150.0000	4.0000			

Clamp(per MIL-DTL-8783C)

<u>Warehouse</u>	<u>Loc Qty</u>	<u>Loc Code</u>
<u>Location</u>		
OFFSHORE		
FG	5	
105884	5	
Main Warehouse		
ST	145	
106864	5	
108466	9	
108847	7	
109181	14	
109965	2	
111281	2	
111734	6	
112624	50	
112863	50	

m 09 12 08

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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Parent Item Name: Crosstube Aft


Start Date: 25/11/2009

Required Date: 10/12/2009

Comments: IPP RevJ: as per ECN09-696 09.11.20 DD verified by:EC

Start Qty: 1.00

Required Qty: 1.00

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Remaining Qty To Pick	Qty Issued	Date Issued	Status
MS21920-30  clamp(per MIL-DTL-8783C)		Purchased	No			230	Each	151.0000	2.0000			

<u>Warehouse</u>	<u>Loc Qty</u>	<u>Loc Code</u>
<u>Location</u>		
Main Warehouse		
ST	151	
107600	3	
<u>109181</u>	48	
111258	50	
112772	50	

m 09 12 08

AN6-40A



Bolt

Purchased

No

260

Each

92.0000

4.0000

<u>Warehouse</u>	<u>Loc Qty</u>	<u>Loc Code</u>
<u>Location</u>		
Main Warehouse		
ST	92	
112612	1	
<u>112679</u>	41	
112828	50	

9/12/09 sl

4 sl

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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Parent Item Name: Crosstube Aft


Start Date: 25/11/2009

Required Date: 10/12/2009

Comments: IPP RevJ: as per ECN09-696 09.11.20 DD verified by:EC

Start Qty: 1.00

Required Qty: 1.00

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Reate Seq ID	Unit of Measure	Qty on Hand	Remaining Qty To Pick	Qty Issued	Date Issued	Status
AN6-41A  Bolt		Purchased	No			260	Each	60.0000	2.0000		9/12/09	SL

<u>Warehouse</u>	<u>Loc Qty</u>	<u>Loc Code</u>
<u>Location</u>		
Main Warehouse		
ST	60	
111605	15	2
112489	20	
112805	25	

AN960JD616

Purchased

No

260

Each

855.0000

18.0000

Washer



9/12/09 SL

<u>Warehouse</u>	<u>Loc Qty</u>	<u>Loc Code</u>
<u>Location</u>		
Main Warehouse		
ST	855	
112314	55	2
112828	500	16
113149	300	

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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Parent Item: D412-664-203RevD



Parent Item Name: Crosstube Aft


Start Date: 25/11/2009

Required Date: 10/12/2009

Comments: IPP RevJ: as per ECN09-696 09.11.20 DD verified by:EC

Start Qty: 1.00

Required Qty: 1.00

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Remaining Qty To Pick	Qty Issued	Date Issued	Status
MS21042L6  Nut		Purchased	No			260	Each	528.0000	6.0000		9/12/9	

Warehouse

Loc Qty

Loc Code

Location

Main Warehouse

ST

528

~105077

22

110002

5

111548

8

111578

400

112492

93

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

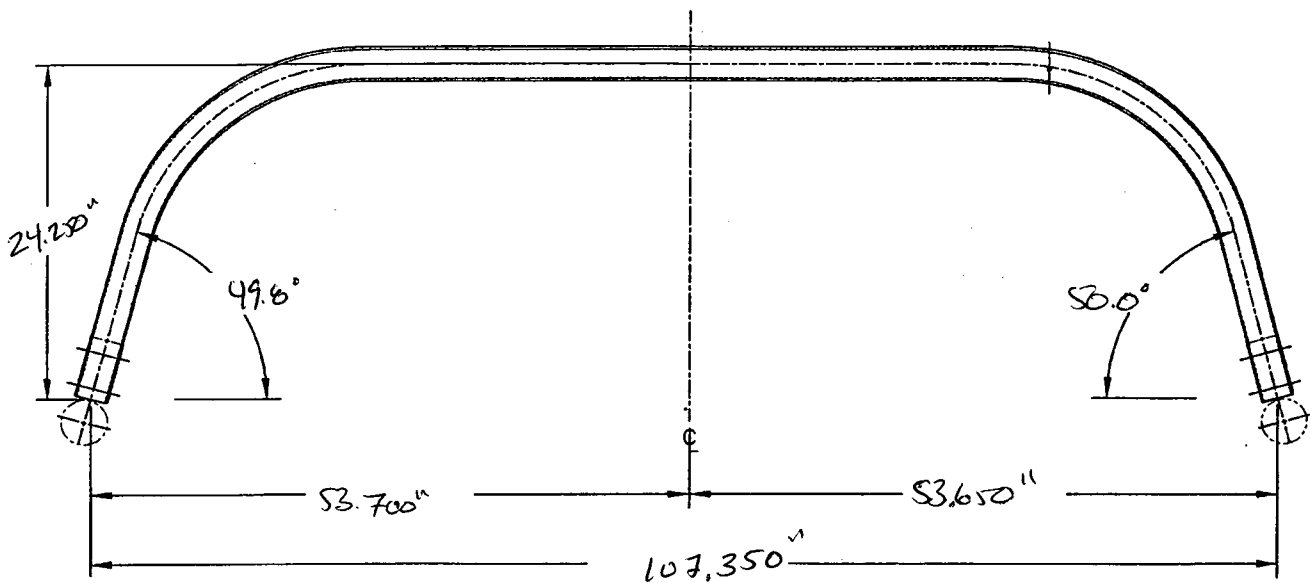
Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

DART AEROSPACE LTD		Work Order:	53990
Description: Crosstube High Aft (412) <i>09.11.30</i>		Part Number:	D412-664-203
Inspection Dwg: D412-664-243 Rev: <i>8 E</i>		Page 1 of 1	

Required Dimension	Min	Max
Height	24.24	24.50
1/2 Span	53.59	53.85
Angle	49	52
Total Span	107.18	107.70



Comments

QC15 Inspection	<i>8</i>
Date	09/12/01

Rev	Date	Change	Revised by	Approved
A	07.02.06	New Issue	KJ/JM	
B	07.05.08	Dimensions updated per Dwg rev. D	KJ/JLM <i>[Signature]</i>	<i>[Signature]</i>

Item	Qty -243	Part Number	Description
1	X	D412-664-243	CROSSTUBE ASSEMBLY (412 HIGH AFT)
2	1	D6009-129	CROSSTUBE
3	2	D3595-063-570	RUBBER CUSHION
4	1	D2896-1	SUPPORT
5	2	D3189-1	CHAFING SHIELD
6	2	D2856-600-1009	ABRASION STRIP
7	4	MS21920-28	CLAMP
8	2	MS21920-30	CLAMP (OR MS21920-32)
9	A/R	MAGNOBOND 6398	ROCKWELL SPECIFICATION RBO-120-023 ADHESIVE (TEXTRON/BELL SPEC. 299-947-100, TYPE II, CLASS 2 ADHESIVE)

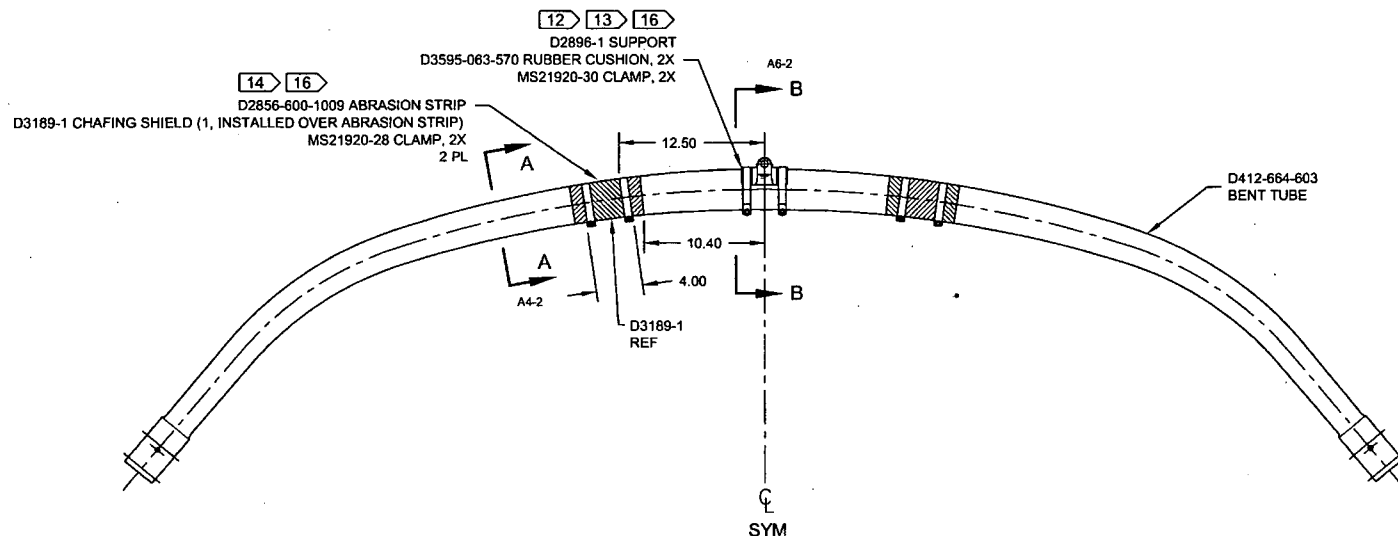
GENERAL NOTES:

- 1) MATERIAL: MANUFACTURED FROM D6009-129
FINISHED LENGTH = 124.100±0.020 (BEFORE BENDING/TRIMMING)
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2
PAINT OUTSIDE PER DART QSI 005 4.2
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED.
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED.
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX.
- 6) IDENTIFICATION: SCRIBE DART PART NUMBER "D412-664-243" AND BATCH NUMBER ON INSIDE OF
CUFF USING VIBRATING STYLUS.
- 7) WEIGHT: 47.0 lbs (PER IIN-D212-664)
- 8) PART IS SYMMETRIC ABOUT CENTERLINE.
- 9) RUN CUTTER OFF PART. BLEND OUT EDGE LONGITUDINALLY, TRANSITION SHOULD BE SMOOTH.
- 10) BEND PROGRESSIVELY WITH A MINIMUM OF 8 PASSES. MAXIMUM TUBE FLATTENING DUE TO
BENDING IS 6% BASED ON O.D.
- 11) LIQUID PENETRANT INSPECT OUTSIDE SURFACE OF CROSSTUBE PER QSI 038.
- 12) INSTALL D2896-1 SUPPORT USING 0.03" TO 0.06" THICK LAYER OF MAGNOBOND 6398 TO THE
SURFACE OF D2896-1 THAT WILL BE IN CONTACT WITH THE CROSSTUBE PER QSI 015. LET CURE
FOR 12 HOURS AFTER INSTALLATION AND PRIOR TO PACKAGING.
- 13) INSTALL MS21920-30 CLAMPS (OR -32) WITH D3595-063-570 RUBBER CUSHIONS TO SECURE THE
D2896-1 SUPPORT ON TOP SIDE OF THE CROSSTUBE. ENSURE CLAMPS ARE OPPOSITE OF
CROSSTUBE SUPPORT.
- 14) INSTALL D2856-600-1009 ABRASION STRIPS WITH A 0.13 REF GAP ON BOTTOM SIDE OF
CROSSTUBE PER QSI 035.
- 15) EXTREME CARE MUST BE TAKEN TO PROTECT THE OUTSIDE SURFACE OF THE TUBE. THE
OUTSIDE SURFACE MUST BE SMOOTH AND FREE FROM SURFACE DEFECTS SUCH AS SCRATCHES,
NICKS, OR DENTS. DEFECTS UP TO 0.005" MAY BE BLENDED OUT LONGITUDINALLY.
CIRCUMFERENTIAL GRIND MARKS ARE UNACCEPTABLE.
- 16) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND
THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING.

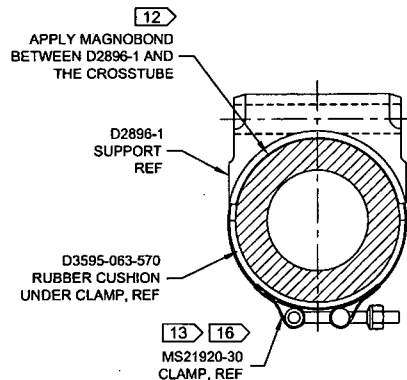
SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER
NO. 53990
P/S 09-11-25

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2009-10-29
WV

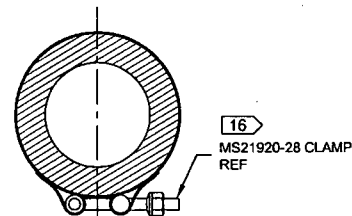
E	REFORMAT/REVISE GENERAL NOTES; REORGANIZED VIEWS AND REFORMATTED DRAWING TO CURRENT STANDARDS; RELOCATED FLAG #6 PER PAR 08-046 (ZN A6-3); ADD TOLERANCE (ZN B6-3, C4-3, C8-3 & C5-3); MOVED TURNING DETAIL & UPDATED TOLERANCE TO SHEET 4.	RF	09.09.30
D	REMOVE D2732-058, CHANGE TO D3595-063-570	PH	07.03.09
C	REMOVE D2856-600-1087, ADD D2732-058 & MAGNOBOND 6398, MS21920-32 WAS MS21920-30	MB	06.10.27
B	ADD HOLES FOR COMPATABILITY WITH BHT/AA SKIDTUBES	PH	05.02.04
A	NEW ISSUE	PH	01.10.17
REV.	DESCRIPTION	BY	DATE
DESIGN	PH	DART AEROSPACE LTD	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	PH	DRAWING NO.	REV. E
MFG. APPR.	PH	D412-664-243	SHEET 1 OF 4
APPROVED	PH	TITLE	SCALE
DE APPR.	PH	CROSSTUBE ASSEMBLY (412 HI AFT)	NTS
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D212-664-243
ASSEMBLY DETAIL



SECTION B-B D4-2
SCALE 4X



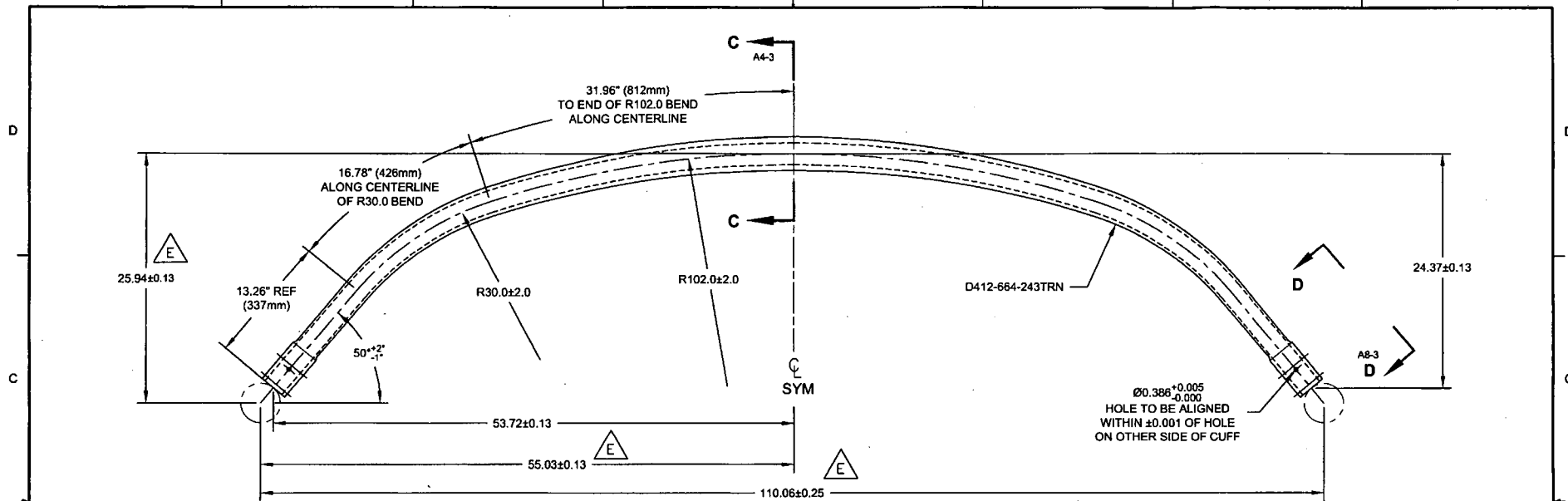
SECTION A-A C6-2
SCALE 4X

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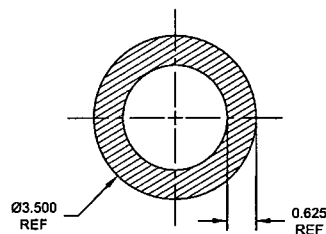
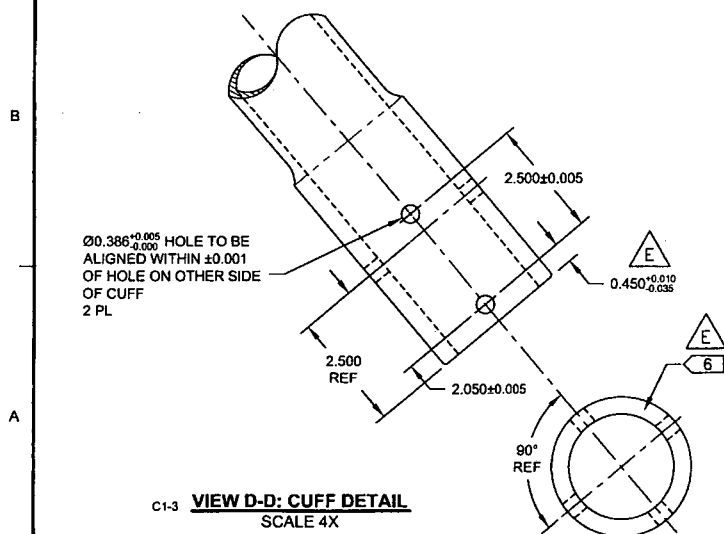
W/O 53990

DESIGN	PH	DART AEROSPACE LTD	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	RS	DRAWING NO.	REV. E
MFG. APPR.	RS	D412-664-243	SHEET 2 OF 4
APPROVED	RS	TITLE	SCALE
DE APPR.	RS	CROSSTUBE ASSEMBLY (412 HI AFT)	NTS
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8 7 6 5 4 3 2 1



D412-664-603 10
BENDING AND DRILLING DETAIL E

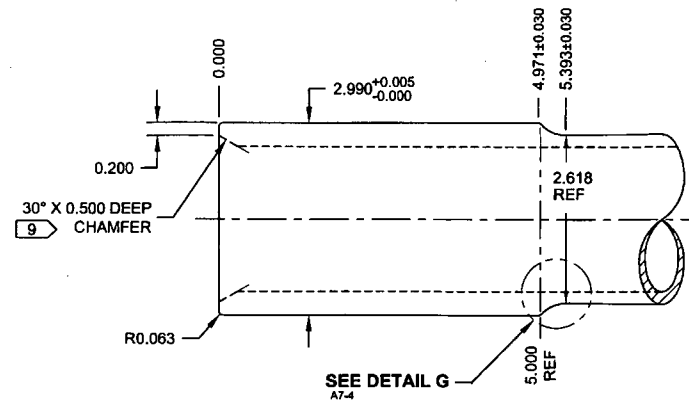
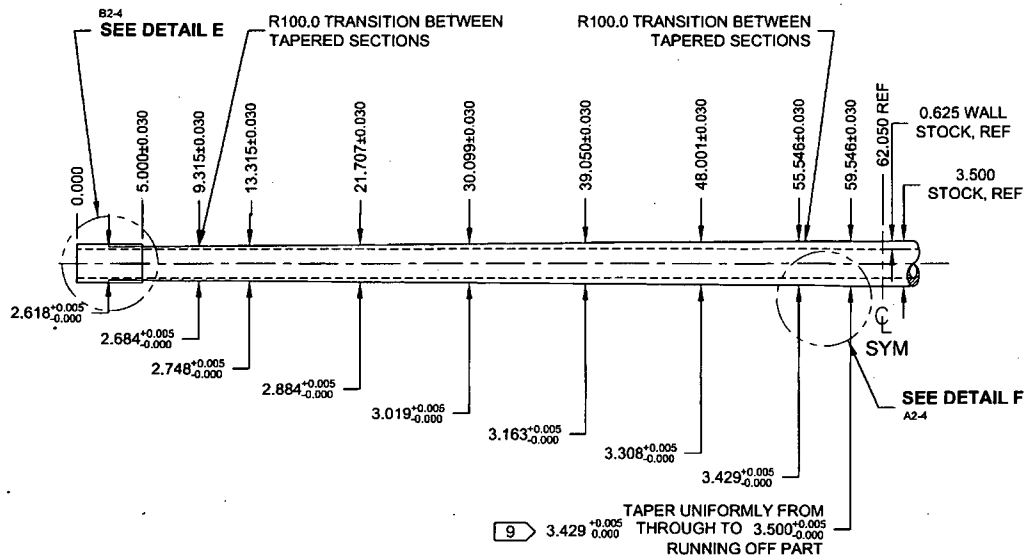


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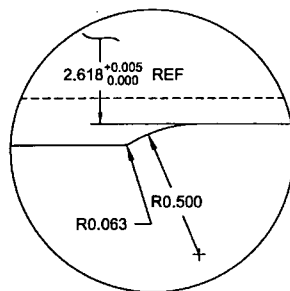
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DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	GP	DRAWING NO.	REV. E
MFG. APPR.	SS	D412-664-243	SHEET 3 OF 4
APPROVED	AP	TITLE	SCALE
DE APPR.	4	CROSSTUBE ASSEMBLY (412 HI AFT)	NTS
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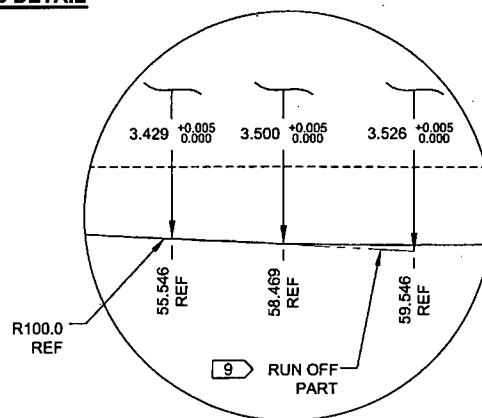


DETAIL E:
CROSSTUBE CUFF D8-4
SCALE 5X

D412-664-243TRN
TURNING DETAIL



DETAIL G:
CUFF TRANSITION C2-4
SCALE 10X



DETAIL F:
TAPER RUN-OFF C4-4
NOT TO SCALE

RELEASED
2009-10-29
MTP

W16 53990

DESIGN	PH	DART AEROSPACE LTD	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	9	DRAWING NO.	REV. E
MFG. APPR.	18	D412-664-243	SHEET 4 OF 4
APPROVED	10	TITLE	SCALE
DE APPR.	14	CROSSTUBE ASSEMBLY (412 HI AFT)	NTS
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LIQUID PENETRANT TEST REPORT

P- 1531

PAGE 1 OF 1

CLIENT DART Aerospace DATE DEC 4, 2008 TIME AM PM
ATTENTION LINDA / CHANTEL ACUREN JOB NO. 188-09-001647
ADDRESS 1270 ABELDEEN ST POWO No. 10894
HAWKESBURY ON. K6H 1K7 WORK LOCATION HAWKESBURY
ACCEPTANCE STD. ASTM 1417 REV./DATE 200
PROJECT F.P.I. on CROSS TUBES.
ITEM(S) EXAMINED THREE CROSS TUBES

JOB DESCRIPTION PROCEDURE No. LT-002 REV./DATE TECHNIQUE No. LT-TM 2 REV./DATE
PART NO. — MATERIAL ALUMINUM THICKNESS —
SCOPE WET FLUORESCENT LIQUID PENETRANT INSPECTION
CARRIED OUT 100% EXTERNAL

TEST DETAILS
METHOD ☒ FLUORESCENT ☐ VISIBLE ☒ WATER WASH ☐ SOLVENT REMOVABLE ☐ POST EMUL
FAMILY BRAND MAGNAFLUX BLACK LIGHT S/N 16459 ☒ OUTPUT > 1000 μ W/cm² ☐ AMBIENT <
PENETRANT 2L 07 MINIMUM DWELL TIME 45 MIN. LIGHTING EQUIP. ☐ FLASHLIGHT ☐ TROUBLELIGHT ☐ OUTPUT > 100 fc @ S
PENETRANT REMOVER #20 MINIMUM DRY TIME >10 MIN. OTHER LABINO
DEVELOPER SKD 52 MINIMUM DWELL TIME 10 MIN. LIGHT METER S/N 1098866 CAL DUE DATE 10-11-08
DEVELOPER TYPE ☒ NON AQUEOUS ☐ AQUEOUS ☐ DRY

TEST SURFACE
SURFACE CONDITION ☐ AS GROUND ☐ AS WELDED ☐ MACHINED ☐ SHOT BLASTED ☐ CLEAN BARE ME
SURFACE TEMPERATURE ☐ < - 4°C/ 20°F ☐ - 4°C/ 20°F TO 10°C/ 50°F ☐ 10°C/ 50°F TO 52°C/ 125°F ☐ > 52°C/ 125°F

RESULTS- (☐ METRIC ☐ IMPERIAL)

1 CROSS TUBE - W.O. 53989 ✓
1 CROSS TUBE - W.O. 53990 ✓
1 CROSS TUBE - W.O. 53844 ✓

M 09 12 07

Scope of Services
The agreement of Acuren Group Inc. to perform services extends only to those services provided for in writing. Under no circumstances shall such services extend beyond the performance of the requested services. It is expressly understood that all descriptions, comments and expressions of opinion reflect the opinions or observations of Acuren Group Inc. based on information and assumptions supplied by the owner/operator and are not intended nor can they be construed as representations or warranties. Acuren Group Inc. is not assuming any responsibilities of the owner/operator and the owner/operator retains complete responsibility for the engineering, manufacture, repair and use decisions as well as data or other information provided by Acuren Group Inc. In no event shall Acuren Group Inc.'s liability in respect of the services referred to herein exceed the amount paid for such services.

Standard of Care
In performing the services provided, Acuren Group Inc. uses the degree, care and skill ordinarily exercised under similar circumstances by others performing such services in the same or similar locality. No other warranty, express or implied, is made or intended by Acuren Group Inc.

SIGNATURES
CLIENT REPRESENTATIVE Jason M. Doherty DTR # E-27683
TECHNICIAN (SIGNATURE): [Signature] SIGNATURE
NAME (PRINT): Mike Thompson REPORT REVIEWED BY:
1ST TECHNICIAN 2ND TECHNICIAN
CGSB LEVEL II CGSB LEVEL — CGSB REG. No. 6066 CGSB REG. No. —